

City of St. Louis
JURY STIPEND AUTHORIZATION FORM

Employee: _____
Last Name First Name M.I. Soc. Sec. No.

Dept./Div. Name Dept. No. Pay Loc. No.

Status: ☐ Bi-weekly (50% or more) ☐ Bi-weekly (less than 50%) ☐ Per Performance

Dates of Jury Service: From ____/____/____ To ____/____/____

Number of Days Eligible to Keep Stipend:

Indicate Reason & Dates: (E.g: 2/3/97: Employee's day off)

-- Complete this Section if Employee's Jury Service was in **ST. LOUIS CIRCUIT COURT** --

Daily Jury Stipend \$ 12.00 x No. of eligible days _____ =
(Attach copy of statement from Jury Supervisor)

TOTAL AMOUNT DUE THE EMPLOYEE:.....

\$

Distribution of Copies: Original -- Jury Supervisor; Copy -- Originating Department

-- Complete this Section if Employee's Jury Service was in **FEDERAL DISTRICT COURT** --

☐ Daily Jury Stipend \$ 40.00 and/or ☐ Travel/Parking Fees \$ _____ x No. of eligible days _____ =
(Attach check endorsed by employee: See Section IV(B) of Administrative Regulation No. 125)

TOTAL AMOUNT DUE THE EMPLOYEE:.....

\$

Distribution of Copies: Original -- Comptroller's Office; Copy -- Originating Department

Prepared By: _____
(Signature of Payroll Clerk) (Date) (Telephone #)

APPROVAL: I, the undersigned, certify and approve payment as proper and authorized:

(Name and Title)

(Signature)

(Date)